

Application Data Sheet

Application Information

Application number::	Unassigned
Filing Date::	Herewith
Application Type::	Regular
Subject Matter::	Utility
Title::	STEREO IMAGING SYSTEM AND METHOD FOR USE IN TELEROBOTIC SYSTEMS
Attorney Docket Number::	017516-001520US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	12
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	DAVID
Family Name::	GERE
City of Residence::	Menlo Park
State or Province of Residence::	CA
Country of Residence::	US
Street of Mailing Address::	2191 Avy Avenue
City of Mailing Address::	Menlo Park
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94025

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: CHRISTOPHER
Middle Name:: R.
Family Name:: BURNS
City of Residence:: South San Francisco
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 30 Highcrest Lane
City of Mailing Address:: South San Francisco
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94080

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: JOHN
Middle Name:: D.
Family Name:: STERN
City of Residence:: Menlo Park
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 2171 Harkins Avenue
City of Mailing Address:: Menlo Park
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94025

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US

Status:: Full Capacity
Given Name:: MICHAEL
Middle Name:: J.
Family Name:: TIERNEY
City of Residence:: Pleasanton
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 3150 Arbor Drive
City of Mailing Address:: Pleasanton
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94566

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	09/378,173	08/20/99
09/378,173	Nonprovisional of	60/111,714	12/08/98

Assignee Information

Assignee Name:: Intuitive Surgical, Inc.
Street of mailing address:: 1340 West Middlefield Road
City of mailing address:: Mountain View
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94043